

HSRS CHILDREN IN SUBSTITUTE CARE MODULE

REGISTRATION - Screen 25(A)N or 26(A) E/U NOTE: Fields 3-6 optional if client is already on HSRS

| | | | | | | | | |
|---|--------------------|--|---|--|--------------------|--|------------------------|---|
| 1a Social Security Number | | | 1b Client ID | | | 2 Worker ID | | |
| 3a Last Name | | | | 3b First Name | | | 3c MI | 3d Suffix |
| 4 Birth Date (mm/dd/yyyy) ____/____/____ | 5 Sex M / F | 6a Hispanic / Latino Y = Yes N = No | 6b Race (Circle up to 5) A = Asian W = White B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native | | | 7 Client Characteristics | | 8 Permanency Plan |
| 9 Target Population | 10 Legal Status | 11 Initial Sub Care Placement Date ____/____/____ | 12 Type of Placement | 13 Provider Number | | 14 Closing Date ____/____/____ | | 15 Closing Reason |
| 16 School District (Appendix F of HSRS Handbook) | | 17 FFP Indicator R = Reimbursable N = Not Eligible E = Eligible, Not Reimbursable P = Pending | | 18 Cost of Care Indicator | 19 Kinship Care | 20 Ever Adopted? Y / N / U | 21 Age When Adopted | |
| 22 Last Review Date ____/____/____ | | 23 Last Dispositional Hearing Date (post placement) ____/____/____ | | 24 Legal Status Expiration Date ____/____/____ | | 25 Court Report Due Date ____/____/____ | | 26 Court Warning Date ____/____/____ |

CHILD AND FAMILY INFORMATION - Screen 25(B) N or 26(B) E / U

| | | | | | | | | |
|--|------------------------------------|------------------------------------|--|--|--|--|--|--|
| 27 Child's Disability (Y / N) (clinical diagnosis) ____ Mental ____ Vis / Hear ____ Physical ____ Emotional ____ Other | | | 28 Reason(s) For Removal From Caretaker's Home (Y / N) ____ Physical Abuse ____ Sexual Abuse ____ Neglect ____ Alcohol Abuse (P) ____ Drug Abuse (P) ____ Alcohol Abuse(C) ____ Drug Abuse (C) ____ Child Disability ____ Child Behavior ____ Death of Parent ____ Parent Jailed ____ Inability to Cope ____ Abandonment ____ Relinquishment ____ Inadequate Housing | | | | | |
| 29 Caretaker Family Structure | 30a 1st Caretaker Year of Birth | 30b 2nd Caretaker Year of Birth | 31 Termination of Parental Rights Date or Date of Parent's Death Mother ____/____/____ Father ____/____/____ | | | | | |
| 32 Sources of Support (Y / N) ____ N Title IV-A (AFDC) ____ Title IV-D (Child Support) ____ Title XIX (MA) ____ SSI or Other Soc. Sec. | | | Print X | | | | | |

FISCAL INFORMATION NOTE: May be reported here on Screen 28 N / U or on Fiscal Listing Screen 30 N / U

| | | | | |
|------------------------------|------------------------|--------------------|------------------------------------|--------------------|
| 33 Supplemental Points Total | 34 Exceptional Payment | Clothing Allowance | | |
| | | 35 Amount | 36 Date Paid ____/____/____ | 37 Provider Number |

CHANGES ONLY

| | | | |
|--|-----------------------------------|--|------------|
| Transaction Type N = New E = Error Correct U = Update | Change Date ____/____/____ | Transfer Agency (Appendix G of HSRS Handbook) | Module Key |
|--|-----------------------------------|--|------------|

CHANGE DATE is required for changes to Permanency Plan, Legal Status, Type of Placement, Provider Number, Cost of Care, and Fiscal Information

OPTIONAL DATA - Screen 18

| | | | | | | |
|----------------|-----------------------------|--|---------------------------|--|-----------|----------|
| Street Address | | | City | | State | Zip Code |
| County | Telephone Number () | Case Review Date ____/____/____ | Diagnosis | | Family ID | |
| Local Data | | | Shaded areas are optional | | | |

(OVER)

KIDS INTERFACE INFORMATION

CHILD SUPPORT DATA Screen 63

Child's Name:

| | | | | |
|--|----------------------------|---|---|--|
| Module Key | 1 Referral to CSA Y / N | 2 Non-Referral Reason NFFP TEMP PAIL HARD | 3 Paternity Established Y / N / U | 4 Current Marital Status of Parents M = Married S = Separated W = Widowed D = Divorced N = Never Married |
| 5 Date of Marital Status ____/____/____ | 6 Marital Status County | 7 Marital Status City | 8 State | |
| 9a Child's Permanent Address Street 1 | | | | 9b Apartment |
| 9c Street 2 | | | | 9d City |
| 9e State | | 9f ZIP Code | 9g Country | |

PARENT REGISTRATION Screen 64

| | | | | | |
|--|--|-----------------|--|--|---------------|
| 10 Parent No. 1 | 11 Social Security No. - - | 12a Last Name | 12b First Name | 12c Middle Name | 12d Suffix |
| 13 Family Role M = Mother F = Father | 14 Birthdate (mm/dd/yyyy) ____/____/____ | 15 Sex M / F | 16a Hispanic / Latino Y = Yes N = No | 16b Race (Circle up to five) A = Asian I = American Indian B = Black or African American or Alaska Native P = Native Hawaiian or Pacific Islander W = White | |
| 17a Street 1 | | | | | 17b Apartment |
| 17c Street 2 | | | 17d City | 17e State | 17f ZIP Code |
| 17g Telephone Number () | | 17h Country | 18 Address Type (Circle one) M = Mailing R = Residence B = Both | | |
| 19 Parent No. 2 | 20 Social Security No. - - | 21a Last Name | 21b First Name | 21c Middle Name | 21d Suffix |
| 22 Family Role M = Mother F = Father | 23 Birthdate (mm/dd/yyyy) ____/____/____ | 24 Sex M / F | 25a Hispanic / Latino Y = Yes N = No | 25b Race (Circle up to five) A = Asian I = American Indian B = Black or African American or Alaska Native P = Native Hawaiian or Pacific Islander W = White | |
| 26a Street 1 | | | | | 26b Apartment |
| 26c Street 2 | | | 26d City | 26e State | 26f ZIP Code |
| 26g Telephone Number () | | 26h Country | 27 Address Type (Circle one) M = Mailing R = Residence B = Both | | |

EMPLOYER / INSURANCE INFORMATION Screen 65

| | | | | | |
|--|------------------|-----------------|----------------|-------------|-----------------|
| 28 Parent No. 1 or 2 | 29 Employer Name | 30a Street 1 | | | |
| 30b Street 2 | | 30c City | 30d State | 30e Country | 30f ZIP Code |
| 31 Health Insurance Provided for Child Y = Yes N = No | | 32 Carrier Name | 33 Policy Name | | 34 Group Number |

GOOD CAUSE / COURT ORDER Screen 66

| | | | | | |
|---|--|--|--|---|--|
| 35 Parent No. 1 or 2 | 36 Good Cause Claimed Date ____/____/____ | 37 Granted Reason P = Granted - Proceed S = Granted - Do not proceed D = Denied | 38 Granted Date ____/____/____ | 39 End Date ____/____/____ | |
| 40 Court Case Number | 41 Court Order Date ____/____/____ | 42a Order County | 42b City | 42c State | |
| 43 Place of Payment (Circle one) C = Court F = IV-D D = Direct | | 44 Debt Type (Circle one) CS = Child Support FS = Family Support | | 45 Support Amount \$ _____ . ____ | 46 Support Percentage |
| 47 Payment Frequency (Circle one) WK = Weekly MN = Monthly BW = Biweekly SM = Semimonthly | | QT = Quarterly SA = Semiannually AN = Annually | 48 Due Date ____/____/____ | 49 Last Payment Amount \$ _____ . ____ | 50 Last Payment Date ____/____/____ |
| | | | 51 Arrearage Amount \$ _____ . ____ | | |